

| CLAIMS ONLY                                       |          |        |                       |        |                        |        | Application Number<br><b>10/75881</b> |        | Filing Date<br><b>1-13-03</b> |        |
|---|----------|--------|-----------------------|--------|------------------------|--------|---------------------------------------|--------|-------------------------------|--------|
|   |          |        |                       |        |                        |        | Applicant(s)                          |        |                               |        |
| * May be used for additional claims or amendments |          |        |                       |        |                        |        |                                       |        |                               |        |
| CLAIMS  | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        | *                                     |        | *                             |        |
|   | Indep    | Depend | Indep                 | Depend | Indep                  | Depend | Indep                                 | Depend | Indep                         | Depend |
| 1   |          |        |                       |        |                        |        |                                       |        |                               |        |
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| 33  |          |        |                       |        |                        |        |                                       |        |                               |        |
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| 37  |          |        |                       |        |                        |        |                                       |        |                               |        |
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| 94  |          |        |                       |        |                        |        |                                       |        |                               |        |
| 95  |          |        |                       |        |                        |        |                                       |        |                               |        |
| 96  |          |        |                       |        |                        |        |                                       |        |                               |        |
| 97  |          |        |                       |        |                        |        |                                       |        |                               |        |
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| 99  |          |        |                       |        |                        |        |                                       |        |                               |        |
| 100   |          |        |                       |        |                        |        |                                       |        |                               |        |
| Total   |          |        |                       |        |                        |        |                                       |        |                               |        |
| Indep   |          |        |                       |        |                        |        |                                       |        |                               |        |
| Total   |          |        |                       |        |                        |        |                                       |        |                               |        |
| Depend  |          |        |                       |        |                        |        |                                       |        |                               |        |
| Total   |          |        |                       |        |                        |        |                                       |        |                               |        |
| Claims  |          |        |                       |        |                        |        |                                       |        |                               |        |